

MDR Tracking Number: M5-04-1495-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on June 6, 2004. According to the TWCC Rule 133.308 (e) dates of service 1/7/02 through 5/16/02 were received after the one-year filing deadline and therefore are not eligible for review.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the Amitriptyline HCL, Thioridazine, Carbamazepine, Aricept and office visits were not found to be medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. As the treatment Amitriptyline HCL, Thioridazine, Carbamazepine, Aricept and office visits were not found to be medically necessary, reimbursement for dates of service from 6/13/02 thru 3/13/03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 8th day of October 2004.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division
MQO/mqo

NOTICE OF INDEPENDENT REVIEW DECISION

Date: August 16, 2004

RE:

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IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Physical Medicine/Rehabilitation reviewer (who is board certified in physical medicine/rehabilitation) who has an ADL certification. The reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Submitted by Requester:

- No documentation was submitted by the claimant or provider.

Submitted by Respondent:

- Medical evaluation by ___ dated 4/20/04
- Information on Factitious Disorder and Conversion Disorder
- Summary of carrier's position dated 7/30/03
- Letter from claims adjuster to claimant dated 3/18/03
- Pre-authorization request/denial dated 9/26/01.
- Letter from claimant's wife dated 4/25/03
- Letter from ___ dated 3/24/03 to ___
- Letter of response from ___ claims adjuster, dated 3/28/03

Clinical History

It appears the patient's date of injury occurred when ___ was working for ___. He was knocked down by a ___ vehicle and was taken to the ___. He was diagnosed to have lacerations. He did have stitches and his imaging studies were reportedly unremarkable. The patient was treated with x-rays, massage and chiropractic therapy. He was also treated by another chiropractor, ___, as well as being seen by ___ as well as ___. He was eventually diagnosed with cervical and lumbar displacement. He was also seen by ___, neurology, and was seen for neck, back pain as well as headaches. He was diagnosed with post traumatic headaches and post concussion syndrome; however, the patient has normal EEG findings as well as what seemed to be routine lumbar and cervical disc degeneration or age related degenerative changes. The patient is seen by ___ where the patient reported problems with speech, feelings of amnesia, inability to name all of his children, as well as lack of attention, memory, concentration as well as change in personality and mood. The patient was seen by a psychiatrist who diagnosed the patient with severe brain damage due to a head injury. It was also mentioned that a mood disorder as part of his psychiatric symptoms. He was seen by another psychiatrist, ___, who diagnosed the patient with mood disorder secondary to head injury with amnesia. Another psychiatric evaluation by ___ reserved the patient had non-responsive staring and disheveled appearance. Brain MRI's and EEG's were all normal. It states throughout the patient seemed to have worsening neurologic symptoms as well as cognitive function throughout, despite all of the normal objective findings. The patient had a designated doctor examination by ___. An 11% whole person impairment rating was given due to diffuse pain, weaknesses, left leg and headaches. The patient continued to be seen by ___ from ___ and ___ as well as by ___. The patient was

recently seen and had undergone a medical evaluation by ___ on April 20, 2004 who diagnosed the patient with “tell tell evidence of fictitious disorder with combined physical and psychological symptoms, signs and symptoms of conversion disorder”. He continues to state “it is impossible to reconcile his profound subjective mental and neurological symptoms with total absence of objective findings”. Such profound presentation with dementia like symptoms is irreconcilable with reports of normal EEG as corroborated by recent EEG testing at ___. The patient has been treated with various medications as well as other office visits. Medications have included Amitriptyline HCL, Thioridazine, Carbamazepine, and Aricept.

Requested Service(s)

Prescriptions for Amitriptyline HCL, Thioridazine, Carbamazepine, Aricept on 1/14/03, 2/13/03, 3/13/03 and office visit on 1/13/03 .

Decision

I agree with the insurance carrier that the requested services are not medically necessary.

Rationale/Basis for Decision

It appears according to the documentation that I do have that the one thorough objective history and physical examination I see is from ___. According to his thorough note, it appears that the patient may be suffering from fictitious disorder, somatoform disorder or both. As I did read through some of the documentation, the patient had worsening neurologic and cognitive symptoms that could not be explained by the lack of objective evidence including MRI as well as EEG. Therefore, in my opinion the medications of Amitriptyline HCL, Thioridazine, Carbamazepine, and Aricept are not reasonable or necessary for these diagnoses as per ___ evaluation. These medications are not prescribed for somatoform or fictitious disorder. These have been prescribed for the patient’s what seemed to be cognitive disorder or traumatic brain injury, which did not really occur in this patient according to the documentation. The dates of service of 1/13/03, 1/14/03, 2/13/03, and 3/13/03 are also not medically necessary. Again, these visits are not covered under the office visit. The patient had severe pain, left leg weakness as well as what seemed to be a severe traumatic brain injury. The patient was not suffering from these diagnoses. Therefore, in my opinion, I does not really see any reason why these dates of service would be reasonable and necessary, particularly for any chiropractic care or prescription of medication during those dates of service for the pain that this patient was suffering from that cannot be supported with any objective evidence or imaging. All of these are subjective symptoms including the patient’s cognitive disorder or signs and symptoms of “traumatic brain injury” have really been probably from the fictitious disorder or somatoform disorder. Therefore, in my opinion, these dates of service as stated before, would not be reasonable or necessary.